



Atty. Dkt. No. 029488-0113

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Philippe ROUANET et al.
Title: PREVENTION AND TREATMENT OF
BREAST CANCER WITH 4-HYDROXY
TAMOXIFEN
Appl. No.: 10/734,638
Filing Date: 12/15/2003
Examiner: Abigail Manda Cotton
Art Unit: 1617
Confirmation Number: 9056

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate	Additional Claims Fee	
Total Claims:	20	-	38	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims: +									\$360.00 = \$0.00
CLAIMS FEE TOTAL									\$0.00
01 FC:1253									1020.00 0P

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$450.00	\$0.00
[X] Extension for response filed within the third month:	\$1,020.00	\$1,020.00
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$1,020.00
[X] Information Disclosure Statement	\$180.00	\$180.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1200.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1200.00

A credit card payment form in the amount of \$1200.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 11, 2007

By Courtenay C Brinckerhoff

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